



1901 Red Rock Drive
GALLUP, NM 87301
Phone: 505.863.7053
Fax: 505.726.6730

Auxiliary Membership Application

Date: _____

Applicant Information

(Name) Last: _____ First: _____ M.I. _____

Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip code: _____

Phone: () _____ E-mail Address: _____

How did you hear about RMCHCS Auxiliary? _____

Are you related to anyone that works for RMCHCS? Yes No

If yes, name: _____ Department: _____

Position: _____

Leader name: _____ Phone: _____

Membership category:

_____ **Active (\$10)** Active members are available for at least 50 hours of voluntary service each year, have voting privilege, and are eligible to hold office.

_____ **Associate (\$15)** Associate members have an interest in the purpose of the Auxiliary, which is to promote and to advance the welfare of RMCHCS. Auxiliary members are those who may not be available for 50 hours of voluntary services. They assist with fundraising activities but are not eligible to vote or to hold office.

_____ **Patron (\$25)** Patron members are those who support the Auxiliary through their financial donation. They receive information, but are not expected to participate in the fundraising activities. They are not eligible to vote or hold office.

Emergency Contact

Name _____ Relationship: _____

Phone: () _____

Alternate phone: () _____

Volunteer/Work Experience

Organization: _____

Address: _____ Supervisor: _____

Job Title: _____ Phone: () _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Have you ever been convicted of a felony? Yes No

Service Area

Where would you like to work? If more than one place, check all that apply.

Book Cart Gift Shop Information Desk Committee Work

Availability (Check all that apply)

Days: () Monday () Tuesday () Wednesday () Thursday () Friday () Occasional Substitute

Times: () Mornings () Afternoons () Specific Times:

References

Additional References: (List two individuals who are not related or are friends. Please include individuals with whom you have worked). Note: your application indicates we have permission both to check and to later provide references.

Name: _____ Relationship: _____

Position: _____ Phone: _____

Number of years known: _____

Name: _____ Relationship: _____

Position: _____ Phone: _____

Number of years known: _____

I certify that my answers are true and complete to the best of my knowledge.

READ CAREFULLY BEFORE SIGNING These answers are true and complete to the best of my knowledge. RMCHCS may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge

Once your application is processed, you will be contacted. If accepted for membership, you will need to attend and complete New Employee Orientation (NEO) and any additional trainings. You are required to pay the dues and purchase a uniform during the auxiliary orientation.

Signature: _____ Date: _____

As part of its selection and hiring process, RMCHCS requires all otherwise qualified applicants to submit to drug and alcohol testing in order to determine fitness-for-duty and to ensure a safe and healthy workplace for all of its employees, clients, and patients. Testing may consist of the taking of blood, urine, or hair samples, or any other medically recognized test designed to detect traceable amounts of drugs or alcohol in the body. If you are unwilling to undergo such testing, please do not apply. In addition, RMCHCS complies with the New Mexico Department of Health Caregivers Criminal History Screening Program, that requires fingerprinting of applicants who apply for work in certain departments of the organization. If results of a background check show a felony conviction, you may be disqualified from employment at RMCHCS.

Rehoboth McKinley Christian Health Care Services

Consent That Information be Furnished

I authorize and instruct Rehoboth McKinley Christian Health Care Services, Inc. (RMCHCS) to obtain information about my employment from my current and any former employers. I authorize my former employers, schools and references to furnish RMCHCS with any information about my employment including impressions and opinions about my work, reasons for termination as well as information requested about my work history, character, honesty and other general qualifications.

I hereby release and discharge RMCHCS and my current and any former employers from all claims or actions for loss, liability, damage or expense which I now have or which may hereafter arise from the making of any inquiries about me, in connection with my application for employment.

Signature of Applicant :

Date:



Standards of Behavior

Rehoboth McKinley Christian Health Care Services is a Christian based healthcare system dedicated to serving our patients and their families with exceptional quality of care through a focus of Patient Safety first. This requires every employee to support each other and serve everyone with courtesy, compassion, dignity and respect.

MY COMMITMENT

I agree to embrace the values of RMCHCS as defined by this document; strive to fulfill the elements of this document daily; and hold my Team Members accountable, encouraging each of them to live up to the standards to which we have all agreed.

PATIENT SAFETY

I will do my best at all times and look for ways to constantly improve; continually find ways to contribute to the success of my team and the quality of care of every patient regardless of my job. With a focus of becoming a world-class healthcare provider, I promise to remain passionate about improving clinical and service excellence and have the courage to challenge the norms; seek the better way; crave learning; constantly develop my personal and professional skills. I will be an active participant in seeking out unsafe conditions and taking the appropriate actions.

TRUST

I will trust that everyone at RMCHCS has my best interest and the best interest of the organization in mind; speak up and follow through with my commitments; share my ideas and opinions even if they are different from those of the majority; communicate openly and honestly; support decisions once they have been made; give positive feedback publicly and constructive feedback thoughtfully and privately; show up on time ready to give my best; demonstrate that I can be counted on; follow through with promises and commitments and be relentlessly confidential and compliant to policies and standards of Rehoboth McKinley Christian Health Care Services.

RESPECT

I will listen before judgment; jump on chances to express appreciation to those around me every day; let people know where I stand professionally, openly and directly; refrain from backbiting, appreciate differences in people's styles, cultures, gifts and skills; be willing to learn from others' points of view; treat Team Members and guests with kindness and with dignity, regardless of how I feel and support a culture of caring for each other.

CUSTOMER SERVICE

I will follow the AIDET principles, as outlined below, in every customer interaction and show respect, communication, appreciation and confidence with everyone I serve, regardless if I am assigned to a clinical or nonclinical setting.

- ✓ **Acknowledge** — Acknowledge the patient or customer by name. Make eye contact.
Ask: "Is there anything I can do for you?"
- ✓ **Introduce** — Introduce myself including my skill set and professional certification or experience whenever appropriate.
- ✓ **Duration** — Give an accurate time expectation for tests, provider arrival, projects to be completed or trays to be delivered.
- ✓ **Explanation**—Explain step by step what will happen, answer questions and leave a phone number where I can be reached.
- ✓ **Thank You** — Thank the patient or customer for choosing RMCHCS. Also, be sure to thank the family and/or your coworkers for their assistance and support.

PROFESSIONAL ETIQUETTE

I will present myself in a professional manner as a representative of everyone who works at RMCHCS by following good hygiene, the RMCHCS dress code and wearing my name badge above my waist and with my photo visible at all times. I will embrace the guidelines set forth by HIPAA and the hospital's policies on confidentiality by discussing patient or internal hospital issues in the appropriate settings and only with people the issues concern. I will refrain from taking personal phone calls, texting or doing e-mails while on the clock serving my customer's needs. I will use proper phone etiquette when answering any hospital phone, placing any customers on hold and returning voice mail within 24 hours. I will not forget that my hospital computer and e-mail account is for hospital business by respecting confidentiality and demonstrating respect and courtesy to all with whom I communicate.

ENJOYMENT

I will possess humor, humility and common sense; take time to laugh each day; greet the Team Members and guests I meet with a smile; celebrate individual and team successes and achievements; take my job seriously without taking myself too seriously; find and notice the positive traits in others; be optimistic; tell others they are valuable and appreciated; stretch myself and participate in team activities and events.

ACCOUNTABILITY

I will support Rehoboth McKinley Christian Health Care Services enthusiastically; accept responsibility for my actions, attitudes and mistakes; know what my job is and ask questions when requests are unclear; accept correction, direction and feedback on job performance, learn from it and do it right the next time; accept responsibility for the progress of my team by giving timely feedback to my team members when they are not meeting team standards; offer support; act with the reality that what I do -- or don't do -- affects the team, the unit and the whole organization; deliver the results I promise and always act in the best interest of Rehoboth McKinley Christian Health Care Services.

Print Name _____

Signature _____

Date _____